



INNOVATION PLAN APPROVAL SUMMARY

Los Angeles County

Name of Innovative Project: Health Neighborhoods

Total Requested for Innovative Project: \$92,034,880

Duration of Innovative Project: Five Years

Staff Recommends: APPROVAL

Review History

County Submitted Innovation (INN) Plan: April 3, 2015

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) vote on INN project: May 28, 2015

Innovative Project Summary

Los Angeles County is seeking MHSOAC approval for the following Innovative Project: Health Neighborhoods.

The County proposes Health Neighborhoods to build the capacity of underserved, diverse communities to identify and address root causes and correlates of trauma among individuals across the lifespan who are at risk of or experiencing a serious mental illness or emotional disturbance. The primary purpose of this INN project is to promote interagency and community collaboration in order to improve access to and quality and outcomes of mental health services, including a range of community-based services and supports. This five-year INN project is the result of Los Angeles County identifying that a distinctly different approach must be taken that fosters relationships of trust and influence in the community so that community members at risk of developing a mental illness or those early in the course of an illness will receive the care, connections, support, and services they need to live more productive lives.

The Health Neighborhoods Project is defined by the following five key principles:

1. Interconnectedness between community health and well-being and that of individual community members, with a reciprocal approach to improving access and outcomes for individuals at risk of or with a mental illness;
2. Social and economic determinants and correlates of health, including access and outcomes;

3. An upstream approach to address social determinants or root causes of mental illness, such as trauma experienced by various age groups within specific communities;
4. Further development of and support for successful partnership and community engagement strategies demonstrated through Los Angeles County's first INN project, which piloted and evaluated four models of Integrated Care; and,
5. Community capacity building, action, and ownership to prevent or reduce trauma-related mental illness by involving communities in promoting health and well-being for their members.

Each Health Neighborhood will implement strategies from a menu of options that were developed collaboratively among community stakeholders and the County. The various strategies address the following populations using a range of approaches:

- Children and families exposed to domestic and community violence and other traumas that have a demonstrated negative impact on child development;
- TAY exposed to trauma and/or exhibiting trauma correlates such as social isolation: for example, lesbian, gay bisexual, transgender, questioning (LGBTQ), victims of abuse, experience as gang members, currently or formerly homeless, emancipated from dependency or justice systems, or in recovery from substance abuse;
- Individuals with a mental illness who are homeless or formerly homeless;
- Individuals with a mental illness and history of incarceration;
- Veterans;
- Older adults exposed to various forms of trauma; and,
- Older adults with a mental illness and their caretakers.

Los Angeles County will provide training, technical assistance, and support for all Health Neighborhoods. The County will also conduct quarterly learning sessions throughout the life of the project, building on a strategy that was extremely successful in their first INN project. Learning sessions will allow all participants to address barriers to implementation, identify and promote successful strategies, and use outcome data to share and guide learning and decision-making throughout the project.

Evaluation:

Los Angeles County will evaluate the impact of the overall Health Neighborhood approach as well as the individual strategies that each Health Neighborhood implements. The evaluation will measure how each Health Neighborhood developed community-based networks and leveraged community resources and will analyze the effectiveness of the partnerships that developed to determine the impact on the mental health of the target populations: those at risk of or experiencing a trauma-related mental illness. A qualitative analysis on each Health Neighborhood will assess changes in the capacity of each to identify, serve and support individuals at risk of or experiencing trauma and its mental health consequences. An analysis will also be conducted on the impact of this project on each neighborhood.

Specific measures and methodologies will be determined to assess outcomes for individuals at risk of or experiencing a trauma-related mental illness who are the intended beneficiaries of the project strategies. Examples of outcomes to be measured include:

- Reductions in trauma using age-specific trauma measures;
- Increased protective factors such as social connectedness, parental or caregiver resilience, concrete supports in times of need, and social-emotional competency;
- For Transition-Age Youth (TAY) who are identified as needing formal mental health treatment, reduced duration of untreated mental illness, measured by comparing to a sample of TAY not engaged through a Health Neighborhood but receiving treatment in the mental health system;
- Access to care from both the formal mental health system and through community supports for individuals at risk of or experiencing early signs of mental illness;
- Culturally and age appropriate recovery and resiliency measures;
- Substance use patterns prior to and after Health Neighborhood services; and,
- Consumer perception of connection to one's community, measured at the beginning and periodically.

Community partnerships using the same strategies will be assessed cumulatively, with the results used to guide ongoing implementation and to make course corrections, as well as to contribute to the final evaluation. The County will also establish community-level measures that will evaluate how the proposed strategies that feature education or training contributed to changes in the training recipient's knowledge of mental illness. The evaluation will assess whether stigma decreases either in the community or within the individual or the family.